

Contract with Client for Services

Requirements for reinstatement of your driver's license:

To have your license reinstated, you must obtain a certificate of completion.

A certificate of completion can be obtained by:

- a) Completing a substance abuse assessment at an authorized NC DWI Services provider and
- b.) Completing the recommended level of treatment or education at an authorized NC DWI Services provider.

Client Choice:

____ I understand that I have the right to choose to complete my recommended level of treatment or education at **any** authorized NC DWI Services provider. Here is a list of authorized NC DWI Services provider is this area from which I may choose to complete my recommended level of care:

(List agencies in your county)

(List NC DWI Services website and phone number)

Service Level Recommendation:

Level: _____

Minimum # of hours: _____

Must be completed in a minimum of: _____ days (Duration)

Assessment Policy:

____ I understand that my DWI substance abuse assessment is valid for 6 months. If I have **not** begun the recommended DWI treatment or education within 6 months from the assessment date a new assessment and assessment fee will be required.

Program Requirements and Fees:

Should you choose to complete your recommended level of care at (Name of your DWI facility), these are the program requirements and fees:

(List your program requirements and fees.)

Items to include: Drug testing policy and cost / Attendance policy

Motor Vehicle Records obtained by this facility for the purpose of the DWI Assessment are at **No Cost** to the client **AND** clients **SHOULD NOT BE REQUIRED** to provide a MVR, as it is included in the assessment cost.

UDS Conducted by this facility as a part of the DWI Assessment are at **No Cost** to the client.

Certificate of Completion (e508) Processing: Please note that it may take up to 5 business days or longer for your form to be processed and approved, after it is submitted by your Provider.

I certify that I have read and understand this Client Contract.

Client's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____